

TEMPORARY APPROVAL FOR TEACHER REQUEST FORM

**Note: Documentation that supports the following statements must be maintained in this candidate's file for audit purposes.**

**The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.**

Candidate's Name: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
ISD Name: \_\_\_\_\_ ISD Code #: \_\_\_\_\_  
LEA Name: \_\_\_\_\_ LEA Code#: \_\_\_\_\_  
Program Category: \_\_\_\_\_ Program Category Code #: \_\_\_\_\_  
University/College: \_\_\_\_\_ University/College Code #: \_\_\_\_\_  
Grades Assigned: K-12 \_\_\_\_\_ Early Childhood Special Education \_\_\_\_\_  
Effective Date: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

- Yes No** 1. This candidate holds a valid Michigan teaching certificate. (attach copy)
- Yes No** 2. The employing Superintendent has signed the Statement of Assurance.
- Yes No** 3. The ISD has received a copy of the University/College form PV indicating that this candidate has been accepted into the appropriate program category as required by the assignment shown above.
- Yes No** 4. Personnel signatures by the employer and ISD.

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**SUPERINTENDENT'S STATEMENT OF ASSURANCE:**

I certify that this district conducted a search for fully qualified personnel, and that no certified teacher holding full approval or endorsement for this position was available at the time of the assignment.

\_\_\_\_\_  
Superintendent's Signature Date

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**PERSONNEL SIGNATURES:**

"I have been accepted into a training program at (University/College) \_\_\_\_\_  
and agree to complete a program leading to full endorsement or approval in the special education area of  
(level) \_\_\_\_\_ (category) \_\_\_\_\_  
at the rate of 6 semester hours from September 1 to August 31 of each school year."

\_\_\_\_\_  
Candidate's Signature Date

\_\_\_\_\_  
LEA/Employer Signature Date

\_\_\_\_\_  
ISD Superintendent/Designee Signature Date

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Return to: \_\_\_\_\_ cc: Intermediate School District  
(ISD Contact) \_\_\_\_\_ School District  
\_\_\_\_\_  
Candidate  
Telephone #: \_\_\_\_\_ University/College (if applicable)